

ORR 2012 NATIONAL CONSULTATION

Transforming Hope into a Brighter Future

CRYSTAL CITY, VA – SEPTEMBER 19th- 20th

MEDIA SUBMISSIONS WAIVER

Full Name: _____

Age: ____ (If under 18 years old, registrant must have guardian complete portion below)

E-mail Address: _____ (may be guardian's e-mail address)

Phone Number: _____

City/State: _____

Do you agree to the rules and requirements listed above? Yes ____ No ____

(By checking yes, you are agreeing that all of the above information is correct; the submitted picture, video/audio are original work; and that you have accepted the terms of this submission as stated in the announcement).

I, _____, agree to participate in the 2012 ORR National Consultation Picture, Video/Audio submission. I understand that if selected, my submission may be shown at the 2012 ORR National Consultation conference to a wide audience. I know that the picture, video/audio contents are made in agreement to the rules and requirements listed in the announcement.

Printed name: _____

Signature: _____

If registrant is under 18 years old, guardian must complete this section:

Guardian's Full Name: _____

Guardian's E-mail Address: _____

Guardian's phone number: _____

I the undersigned, authorize _____, to participate in the ORR Consultation picture, video/audio submission. I understand that if selected, his or her video may be shown at the 2012 ORR National Consultation conference to a wide audience. I know that the video contents are made in agreement to the rules and requirements listed in the announcement.

Guardian's printed name: _____

Guardian's signature: _____